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ABSTRACT

This paper suggests that groups are effective modalities for meeting older persons' psychological needs and enhancing their sense of well-being. Following a review of the literature on group work with the aged, the effectiveness of group work as an intervention strategy for the treatment and prevention of mental health problems is demonstrated. Benefits of group participation are detailed, including ways in which groups assist older adults to relate effectively to family members as well as cope with the loss of family members and friends. Methods for conducting groups with older adults are described and compared with other age group methods. Avenues for expanding group work in clinical practice and directions for future research are also proposed. (Author/RC)

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GROUP INTERVENTION STRATEGY WITH THE AGED*

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This paper focuses on group work with the aged, arguing that group interventions are particularly effective therapeutic modalities for meeting the developmental, social, and psychological needs of older adults, for treating their mental health problems, and for enhancing their sense of well-being. Groups are also shown to be of particular assistance to older people by helping them to cope with their changed family relationships. First, we will discuss the mental health needs of the aged, followed by a brief historical review of the literature on group work with the elderly, highlighting significant trends in recent practice and research. Secondly, the developmental issues and social and psychological needs of older adults will be addressed. Then, the similarities and differences of groups for treating the elderly and those directed to other patient populations will be discussed. Finally, we make suggestions for future clinical practice and research in group work with the aged.

In the United States, the aged presently comprise eleven percent of the population, and all projections point to large increases in the future (President's Commission, 1978). In general, the aged are very vulnerable to mental distress because of their numerous losses and their diminished resources for coping. However, many of the mental disorders that develop in this population could be alleviated or cured with appropriate intervention and other problems might be prevented. Despite the frequency of mental health problems among

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the aged, few older persons seek assistance from mental health professionals (Kramer, Taube, & Redick, 1973). Group treatment, however, is not only a frequently effective intervention to treat the mental health problems and meet the psychological needs of the aged, but it is also a form of intervention they find acceptable.

For the past thirty years, group work has repeatedly been recommended as an appropriate, and often preferred, modality for preventing and treating mental health problems in the aged. Numerous anecdotal reports and clinical research studies document the benefits of such groups. The first report (Silver, 1950) in the mental health literature on group work with the aged described a therapy group which was part of a comprehensive treatment program in a state hospital designed to increase the discharge rate. This and subsequent groups in similar programs were successful. During the 1950's, two physicians working in mental hospitals described their extensive experience in group work with older people (Linden, 1953, 1954, 1955; Wolff, 1957, 1959). These groups were led by Linden and Wolff, sometimes assisted by a nurse; the group membership was open and homogeneous for sex, reflecting the sex segregation common on psychiatric wards at that time; and the duration of the group was open-ended. The approach chosen by these early group leaders was active, but nondirective in allowing the members to determine the content. Evaluations of these groups, when carried out at all, relied heavily on the subjective judgments of the group leaders or ward staff as improvement criteria. The only systematic attempt during the 1950's to assess the effects of group therapy with the aged was made by Wolff (1959) who compared chronic schizophrenic and organic patients, some of whom participated in a therapy group. As expected, group participants showed greater improvement in overall functioning and a higher discharge rate than nonparticipants who received the usual custodial care.

With the 1960's came a significant increase in the use of group therapy with the aged. While groups continued to be offered in both medical and psychiatric hospitals (especially VA hospitals), they were also introduced in other types of inpatient facilities--nursing homes and homes for the aged. In 1965, the first report of group therapy with the aged in an outpatient setting was published (Liederman & Green, 1965). A few group programs for the aged which met in community locations were also reported in the literature, but the participants in these groups did not have any identified mental distress (Klein, LeShan, & Furman, 1965; Silverstein, 1969). The goals of these groups, which were conducted in diverse settings, varied. Most included socialization and facilitation of adjustment to old age. By the end of this decade, group treatment reached more older adults in a wider variety of settings and had a broader range of goals than ever before.

Research activity in group work with the aged was minimal during the 1960's. Wolff continued to evaluate the effectiveness of group treatment, comparing it with individual treatment or with no treatment and in both cases, found that group therapy was more beneficial (Wolff, 1962, 1966, 1967). The only other research in this area compared the relative efficacy of drug treatment (antipsychotic medication) alone, or in combination with group therapy, to treat chronic schizophrenic elderly patients (Honigfeld, Rosenblum, Blumenthal, Lambert, & Roberts, 1965; Williams, Csalany, & Misevic, 1967). These two studies found that drug and group therapy combination treatments were the most beneficial although in a few instances, the effects of drug treatment alone were almost as positive.

The 1970's were accompanied by tremendous growth in the use of group treatment with the elderly. A variety of new therapeutic approaches were introduced in these groups, e.g., behavior therapy, and personal growth (Brown, 1977; Capuzzi, Grossman, Whiston, & Surdam, 1979; Mueller & Atlas, 1972).

Structured groups proliferated, some focusing on activities such as physical exercise or crafts (eg. Harris & Boden, 1978; Menks, 1977), and others on specific techniques such as problem solving (Toseland, 1977; Wondolowski, 1978), and for the first time, time-limited groups predominated. Many groups were also offered to aged persons in community settings who were not "patients" with the specific goals of preventing mental health problems and enhancing well-being (e.g., Senior Actualization Group Experience, Lieberman & Gourash, 1979).

Research on this topic also flourished in the 1970's, especially during the last half of the decade. Greater rigor and sophistication in the methodologies of these studies were demonstrated, making the findings more valuable. Two major foci dominated this research: the comparison of the benefits of structured vs. nonstructured group therapy with the aged, and investigation of group process in these groups. While the benefits of a high level of structure have been widely advocated, the research findings have been equivocal in both inpatient and outpatient settings. Process-oriented research has been relatively sparse in this area, undoubtedly due, in part, to its inherent difficulty. The few process studies that were conducted found that verbalizations of aged group members can be altered by the nature of the leader's comments and by tangible reinforcers such as candy (Linsk, Howe, & Pinkston, 1975; Mueller & Atlas, 1972), and that members' anxiety can suppress their number of verbalizations and can encourage them to make more leader-directed comments (Cross, 1967). It is desirable to determine the natural interaction patterns of older persons in groups to provide comparison data. The one study with this objective found that older persons were reluctant to confront each other, emphasized the "shoulds" and the "should nots," placed the blame for their problems outside themselves, and tended to reinforce each other through positive responses to commonly-shared views (Lakin, Mooney, &

Havesy, 1977). These findings await replication.

It is evident from this brief review of the literature that group has been a successful intervention strategy for the aged. Groups are especially effective as a treatment modality with older people because they can assist them in accomplishing the developmental tasks of old age. Erikson (1963) defined the developmental task of this period as integration by which he meant that people must come to terms with their lives, realistically accepting them, recognizing that the past cannot be changed, and positively evaluating them. Those persons who are unable to accept their lives for what they are will probably despair. The achievement of this developmental task may include a life review in which the person relives his life experiences, including his accomplishments, disappointments, conflicts, failures, and joys (Lewis & Butler, 1974; Lidz, 1976). New insights may be acquired and unresolved conflicts and problems may be resolved. While the process of this life review may be difficult and painful, it can aid older adults in achieving a sense of inner peace and can enable them to face death with dignity. Older adults in a group can help each other, learn from each other, and work together on these common developmental tasks, a process which is facilitated by sharing their life experiences with their peers.

Groups are also beneficial in aiding older persons to fulfill their universal human needs. Such basic human needs as affection, companionship, belonging, self-esteem, and social interaction may be met in groups which provide opportunities for improving communication skills, enhancing socialization, encouraging self-expression, giving and receiving support, and sharing one's life experiences. The elderly have particularly strong needs for socializing because of their declining opportunities for such interactions due to their numerous losses of social support through the deaths of friends and relatives, their lack of informal socialization through work due to

retirement, and their decreased ability to form interpersonal relationships (Lidz, 1976). Groups are a natural means for meeting many of these needs of older people.

Groups may also provide older adults with assistance in managing their family relationships more successfully. Two important areas of family realtionships for older people are coping with the loss of spouse, siblings, other relatives, close friends, and sometimes even children, and the changing roles of family members, e.g. parents who acted as caretakers of their children are now being cared for by their children. Such common family issues can be successfully addressed and worked through in a group setting. These groups may focus on the specific problem area as in couples' groups or widows' groups, or they may be comprised of older people with a variety of concerns, or they may even be age-integrated groups in which older members benefit from the perspectives of persons belonging to different generations. In fact, groups can parallel families since both consist of several individuals with varying needs and concerns. The advantages of groups for dealing with family issues are numerous, including the multiple sources of feedback, the provision of alternative interpretations of one's life situation and present concerns, the multiple sources of support, the variety of coping styles suggested and modelled by group members, and the communication that one's problems are not unique nor irresolvable.

A variety of approaches have been employed in therapy groups with the aged. Some of these were developed specifically for use with older adults, and others were designed for other age groups and later adapted for use with this population. Most of these approaches have received little research attention, so their appropriateness and effectiveness for older persons must be judged largely from clinical reports. Those group appraoches that were intended for older people share some features: they tend to be highly

structured, specifically addressing developmental tasks of old age e.g., the life review, and reminiscence (Dietsche, 1979; Ebersole, 1976; Voelkel, 1978), or the mental health problems common to this age group, e.g., reality orientation and resocialization for organic brain syndrome patients (Barns, Sack, & Shore, 1973; Taulbee & Folsom, 1966). Task-focused groups are also common, usually involving a particular activity, such as structured discussions on politics and books, physical exercise, crafts, social activities, or education (Berger & Berger, 1973; Menks, 1977; Wondolowski, 1978). These task-focused groups appeal to those persons who might not accept more traditional mental health services. Finally, traditional psychotherapy groups have been conducted with the aged for the purpose of gaining understanding of one's problems (dynamically-oriented groups) (Berland & Poggi, 1979) and of receiving support and guidance in coping with one's concerns (supportive groups) (Verwoerdt, 1976). All of these approaches to groups with older adults have received glowing reports from clinicians regarding their efficacy, yet these findings await validation through research.

While it is presumptuous to assume that all treatment groups for a particular age group are alike, certain features may be shared by groups homogeneous in age due to members' characteristic life experiences and common developmental tasks. Thus, groups for the aged can be distinguished on some dimensions from groups for younger adults. While the range of problems represented in groups for the aged is similar to that for younger adults, groups for the aged may be larger in size because there is a higher rate of absenteeism, and there is often more structure in the group task. Many leaders of groups for older people tend to favor an active, directive leadership style, having found that structure and active leadership facilitate the flow of the group interaction (Altholz & Doss, 1973; Oberleder, 1970). In contrast to groups of young adults, most groups of older people

have been conducted in residential settings and therefore, the group characteristics have been influenced by the the target population. Such groups have typically had open membership and have been open-ended in duration. The minimum age for group membership has ranged from 50 to 65 with no upper limit, the underlying assumption being that older people are sufficiently alike that no distinctions need to be made among them (such as "young-old" or "old-old"). Such assumptions are highly questionable (Butler & Lewis, 1977; Lidz, 1976). Probably the single biggest difference between groups for the aged and groups for younger adults is in the degree of psychological sophistication likely to be present among the members. Our current elderly population grew up in a society that paid relatively little attention to psychological issues. Independence was prized and seeking help was frowned upon. As a result, it is difficult for some members of the present generation of older people to express psychological concerns, and even more difficult for them to publicly admit that they might need help with their problems of living (Sparacino, 1978-79). Kahn (1975) predicts that future elderly will be more educated and more psychologically sophisticated, changes that are likely to increase their interest in psychological issues and their willingness to seek assistance for mental health problems.

To summarize, the mental health literature on group work with the aged suggests that groups are effective therapeutic modalities not only for the treatment of mental health problems in older adults but also for their prevention. However, because of the sparsity of research in the area, little is known about which types of groups are most effective with what types of older adults under what conditions. Thus, the critical elements for the success of groups with the aged remain to be identified. One potentially valuable avenue of research would be the investigation of the curative factors of groups proposed by Yalom (1975), in groups with the aged, to

determine which of these contribute most to group success and how they can be fostered in these groups. Another area needing further study is the comparative effectiveness of various therapeutic approaches when used singly and in combination in treating the mental health problems of the aged. A third avenue for research is in the use of groups for the healthy, noninstitutionalized elderly (the majority of this age group) as a means of meeting their needs and preventing the development of mental health problems. The field of group work is wide open for research activity on any of these topics.

Group work, then, is a viable, often preferred, intervention strategy for alleviating and preventing mental health problems in older adults. The flexibility inherent in this treatment modality permits its adaptation to the variety of problems and needs presented by older adults. Further, it is particularly well suited to meeting the specific developmental, psychological, and social needs of this age group. Finally, it can be a cost effective treatment approach because it provides care to several people simultaneously, making efficient use of professional time. Probably most important of all, it is a therapeutic modality that is palatable to older people, especially to those who are reluctant to accept other forms of mental health care. The future opportunities for clinical practice and research in group work with the aged seem promising.

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